

**See Instructions and \*Privacy Statement On Reverse Side**

CLAIMANT'S NAME <b>Claudia Cappio</b>			SSN or EMPLOYEE NUMBER*		DEPARTMENT <b>CalHFA</b>	
POSITION <b>Executive Director</b>		CB/D No. <b>EX</b>	DIVISION or BUREAU <b>Executive Office</b>			INDEX NUMBER <b>1000</b>
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
<b>[REDACTED]</b>			<b>500 Capitol Mall, Suite 1400</b>			<b>(916) 326-8088</b>
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>Sacramento</b>	<b>CA</b>	<b>95814</b>	

(1) NORMAL WORK HOURS

8:00 to 17:00

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.555

(4) MONTH/YEAR July 11		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
7/17	7:30	Oakland to Hershey, PA	320.79		10.00	18.00	6.00		A			0.00		354.79
7/18		Hershey, PA	320.79	6.00	10.00	18.00	6.00					0.00		360.79
7/19		Hershey, PA and Baltimore, MD	128.82	6.00	10.00	18.00	6.00	24.77	RC			0.00		193.59
7/20	10:30	Baltimore, MD to Oakland		6.00								0.00		6.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			770.40	18.00	30.00	54.00	18.00	24.77			0.00	0.00	0.00	915.17
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL**

\$915.17

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7/17-19 ~ Attend and participate in National Council of State Housing Agencies Executive Directors Workshop in Hershey, PA (7/20 travel day from east coast)

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

0749963  
8/31/4

(15)

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

8/25/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT \_\_\_\_\_

DATE \_\_\_\_\_

8/26/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE \_\_\_\_\_